

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review carefully.**

This privacy notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases.

Your “protected health information” (PHI) means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider and that relates to your past, present or future physical or mental health or condition.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can submit a written request to get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or mobile phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or for our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us. *See last page for contact information*
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you in any way for filing a complaint.

Your Choices

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation
If you are not able to tell us your preference we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- We will not use it for marketing purposes
- We will not use it for fundraising
- We will not sell your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways

Treat you

- We can use your health information and share it with other professionals who are treating you. For example, we may disclose your PHI to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose PHI to physicians who may be treating you or consulting with our physicians or facility with respect to your care.

Run our organization

- We can use and share your health information for our own health care operations to run our practice and to provide quality care. Health care operations include such activities as quality assessment and improvement activities; employee review activities; training programs, including those in which students, trainees or practitioners in health care learn under supervision; accreditation; certification, licensing, or credentialing activities; review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs; and business management and general administrative activities.
- Contact you when necessary. As part of treatment, payment and health care operations, we may also disclose your PHI for the following purposes: to remind you of your appointments, to inform you of potential treatment alternatives or options, to inform you of health related benefits or services that may be of interest to you.

Bill for your services

- Your PHI will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurance company to get approval for the procedure or visit we have scheduled. We may also disclose PHI to your health insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for the services we provide to you, we may also need to disclose your PHI to your health insurance company to demonstrate the medical necessity of the services or, as required by your insurance company to demonstrate the medical necessity of the services, or as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. This may include disclosure of demographic information to anesthesia care providers for payment of their services.
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**How else can we use or share your health information?

We are allowed or required to share your information in other ways-usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - To prevent, control or report disease, injury or disability as permitted by law
 - To collect or report adverse events and product defects, track FDA-regulated products, enable product recall, repair or replacements and conduct post-marketing surveillance
 - To report suspected abuse, neglect, or domestic violence
 - To prevent or reduce a serious threat to anyone's health or safety
 - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law
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Do research

- We can use or share your information for health research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy or your PHI.
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Comply with the law

- We will share information about you if local, state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law
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Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official for certain types of wounds or other physical injuries; for the purpose of identifying or locating a suspect fugitive, material witness or missing person; under certain circumstances when you are the victim of a crime; if there is suspicion that your health condition was the result of criminal conduct; in emergency, to report a crime.
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions and law enforcement custodial situations.
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Respond to lawsuits and legal actions

- We can share health information about you in response to a court order, court-ordered subpoena, summons or similar process
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**To assist Coroners,
Funeral Directors and
for Organ Donation**

- We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website. This notice is effective 1/17/17.

Gastroenterology, Ltd. Contact Information:

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